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Atty Docket No. 015114-067400US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Sun J. Lin

Group Art Unit 2825

**OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Sun J. Lin**

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of YEAN-YOW HWANG et al., Application No. 10/734,905, filed December 12, 2003 for ESTIMATING QUALITY DURING EARLY SYNTHESIS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal-1 Page
2. Petition for Extension of Time-In Duplicate
3. Amendment-10 Pages

Number of pages being transmitted, including this page: 14

Dated: June 2, 2006


Andrea S. Beck

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/734,905
		Filing Date	December 12, 2003
		First Named Inventor	Hwang, Yean-Yow
		Art Unit	2825
		Examiner Name	Sun J. Lin
Total Number of Pages in This Submission	1	Attorney Docket Number	015114-067400US

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
		Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Jonathan M. Hollander		
Date	6/2/06	Reg. No.	48,717

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